

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9366

STATE FILE NUMBER

63-037979

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

c. FULL NAME OF (If NOT in hospital, give location)

ST. LOUIS CITY HOSP. #1

Length of stay in 1b

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

b. COUNTY

c. CITY OR TOWN

d. STREET ADDRESS

Inside Limits

Yes ☐ No ☐

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

4. DATE OF DEATH

Month

Day

Year

## 5. SEX

Female

## 6. COLOR OR RACE

Negro

## 7. Married

Widowed ☒ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

9 Sept 1917

## 9. AGE (last birthday)

46

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

—

## 11. BIRTHPLACE (City and state or country)

Bonne Terre, MO.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Williams

## 13b. MOTHER'S MAIDEN NAME

Dong Hong

## 14. NAME OF HUSBAND OR WIFE

hathon Robinson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

—

## 17. INFORMANT

4312 Lee

## 18. CAUSE OF DEATH

(Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Pulmonary Edema

#### DUE TO (b)

Myocardial Infarction

#### DUE TO (c)

Arteriosclerotic Heart Disease

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1) Arteriosclerotic atherosclerosis

420.0

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

—

## 20e. TIME OF INJURY

Hour a.m. p.m.

## 20f. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

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## 20h. CITY, TOWN, OR LOCATION

—

## 20i. COUNTY

—

## 20j. STATE

—

21. I attended the deceased from 8 26 63 to 9 16 63 and last saw her alive on 9 16 63

Death occurred at 1:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree or title)

Richard L. Pliffig M.D.

## 22b. ADDRESS

1515 Lafayette Ave.

## 22c. DATE SIGNED

9 16 63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9/23/63

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park

## 23d. LOCATION (City, town, or county)

St. Louis County

## 24. FUNERAL DIRECTOR

Harris - Boyd Funeral

## 25. DATE RECD. BY LOCAL REG.

SEP 18 1963

## 26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

BY AFFIDAVIT OF

FILED SEP 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. J. Rasmussen

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.